

For Office Use Only: Lic. No. _____ Date _____ Track _____ Clerk _____	KRGC SUPPLEMENTAL FORM for Multi-Jurisdictional License Application <hr style="border: 0.5px dashed black;"/> Kansas Racing and Gaming Commission 700 SW Harrison, Suite 420 Topeka, KS 66603-3754 Phone: (785) 296-5800 Fax: (785) 296-0900	For Office Use Only: Rulings on File? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Check _____ Clerk _____ Kennel No. _____
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PLEASE PRINT IN INK OR TYPE. ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.
 SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.
 PROVIDING FALSE INFORMATION ON THIS FORM MAY RESULT IN CRIMINAL PROSECUTION.

1. **SSN:** _____ 2. **Date of Birth:** _____

Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Disclosure of your SSN is voluntary. If you disclose your SSN, it will be used by licensing, law enforcement personnel, the director of taxation, and the North American Parimutuel Regulators Association. Your SSN will be used to determine eligibility for licensure and detect violations of law or racing regulations.

3. Legal Name:	(Last)	(First)	(Middle)	(Maiden)
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4. ☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile offender of an act that would constitute a crime if committed by an adult? (Consider all records.)

If **YES** to any of these questions, provide the following information:

Date of Order	County	State	Nature of Crime/Offense	Disposition

IMPORTANT - READ AND SIGN - By accepting an occupation license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Kansas parimutuel racing act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof; I consent to allow agents of the Kansas bureau of investigation or security personnel of the commission to search without warrant my person, personal property, and work premises while within the racetrack facility or adjacent facilities pursuant to K.S.A. 74-8816(d), and amendments thereto; while within the racetrack facility or adjacent facilities, I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance as provided in K.A.R. 112-11-13a, as authorized by K.S.A. 74-8804(m), and amendments thereto; I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my occupation license in accordance with the provisions of K.S.A. 74-8816(h), and amendments thereto; I understand that this application is subject to the open records act of Kansas; I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

All occupation licenses conditioned upon satisfactory background investigation.

Signature of Applicant

Date

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